

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP	NO	DEP
1	1			1			51					
2							52					
3							53					
4	2			2			54					
5							55					
6	1			1			56					
7	2						57					
8							58					
9	1						59					
10							60					
11	1			1			61					
12							62					
13							63					
14	2			2			64					
15							65					
16	1			1			66					
17	2			2			67					
18	1			1			68					
19	1			1			69					
20							70					
21	2			2			71					
22							72					
23							73					
24				1			74					
25							75					
26				1			76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL NO.	2			2			TOTAL NO.					
TOTAL DEP.	24			24			TOTAL DEP.					
TOTAL CLAIMS	26			31			TOTAL CLAIMS					